University Hospitals

[redacted]

[redacted]

Result Detail

Outpatient Notes: RAB Letters

[redacted]

December 12, 2011

[redacted]

Dr. O'Donnell Note -- Example

ENCOUNTER NOTE

RE: [redacted]
UH#:
DOB:
DOV:

[redacted] who presents to the Pediatric Endocrinology Department due to concerns of tall stature. [redacted] reports that he has always been tall, but at approximately the [redacted] began to have a large growth spurt . Now, she reports that he grows out of clothes and shoes approximately every 4 to 6 months. Otherwise, [redacted] has been healthy. He has not had any headaches, blurred vision, or seizures. He reports that he began puberty approximately at the [redacted] with pubic and axillary hair. He reportedly started shaving yesterday. In addition, [redacted] reports that he has also always been a bit overweight and reports that he eats "a lot." He drinks Kool-Aid, juice, and soda.

PAST MEDICAL HISTORY: [redacted] was born full-term, weighing 6 pounds 14 ounces. There were no complications of the pregnancy.

ILLNESSES AND HOSPITALIZATIONS: [redacted] has a history of asthma, which is exercise induced. When he was a young child, [redacted] had a history of elevated lead level. [redacted] has never been hospitalized for anything.

MEDICATIONS: [redacted]

Developmental milestones were normal.

REVIEW SYSTEMS: General: Normal energy level, normal exercise tolerance. Normal sleep pattern. No dramatic weight change. Skin: No acne. No rashes. No pigmented lesions. No change in hair texture or distribution. ENT: No decreased vision or hearing. Wears glasses. Respiratory/CVS: No shortness of breath, no exercise intolerance. Positive asthma. No cough. No murmur. No palpitations. GI: Normal appetite. No nausea. No vomiting. No diarrhea. No constipation. No abdominal pain. GU: No polydipsia. No polyuria. Occasional nocturia. Neuro: No headaches. No seizures. No hyperactivity. Remainder of review of systems is negative.

PLAINTIFF'S
Exhibit 5

SOCIAL HISTORY: [redacted] lives with mother and 2 younger brothers, is currently in [redacted] enjoys science, also plays football and basketball.

FAMILY HISTORY: Mother is 5 feet 7 inches tall and has history of type 2 diabetes. Father is 6 feet 4 inches tall and is healthy. The patient's mother reports that [redacted] great-great grandfather was 6 feet 9 inches tall and he has a maternal uncle who is 6 feet 5 inches tall. In general, the family is tall.

PHYSICAL EXAMINATION: Height greater than 198 cm, greater than 97th percentile. Weight 145.8 kg, greater than 97th percentile. Blood pressure 125/80, pulse 82. BMI 37, greater than 97th percentile. General: Alert, active, in no acute distress, very tall. Skin: No pre-acne, no acne, fine hair on upper lip, severe acanthosis circumferentially around the neck, on knuckles and antecubital fossa. Skin tags present on neck. HEENT: No dysmorphic features. Tympanic membranes normal. Normal dentition. Neck: Thyroid size, shape, consistency normal. Chest: Heart regular rate and rhythm. Lungs: Clear to auscultation. No gynecomastia. Abdomen: No organomegaly. No masses. No tenderness. Positive for flesh-colored striae. Genitalia: Tanner V pubic hair. Testes measured 20 ml's bilaterally. Extremities: Warm and well-perfused. Neurological: Grossly normal. Arm span is 200 cm, upper-to-lower segment ratio is 1.

IMPRESSION/PLAN: This [redacted] with tall stature, most likely familial. However, we will rule out other possibilities, including growth hormone excess and estrogen receptor defect, as well as aromatase deficiency [redacted] is also obese, which is likely due to a mismatch between caloric intake and expenditure. We will plan on obtaining an OGTT, due to his severe acanthosis and family history of type 2 diabetes. We will also do a fasting and post-glucose load growth hormone level to rule out growth hormone excess. We will plan on seeing him in followup in 4 to 6 months.

ELECTRONIC SIGNATURE ON FILE

Alison Matthews, M.D.

Naveen K Uli, M.D.
Pediatric Endocrinology \T\ Metabolism
(216) 844-3661

[redacted]

ADDENDUM:
Bone age is 15 years at chronological age 13 years 5 months. Standard deviation is 11.1 months. This represents a normal bone age. Based on his bone age, [redacted] 96.8% of his adult height. Predicted adult height is 6 feet 8 inches. His tall stature is likely familial but laboratory testing will be helpful to rule out other possible causes.

[redacted]. A reminder letter was sent to the family

CONFIDENTIAL

University Hospitals

[redacted]

[redacted]

Result Detail

Outpatient Notes: R&B Letters

[redacted]

[redacted]

ENCOUNTER NOTE

Example Note Provided to Dr. O'Donnell

RE:
UHH:
DOB:
DOV: [redacted]

DIAGNOSIS:
1. Failure to thrive.
2. Dumping syndrome.

INTERVAL HISTORY: [redacted] He was last seen in Endocrine Clinic in July 2011 and back for continued follow-up. He had Dumping syndrome and is on acarbose 25 mg with every feed. Mom states that his sugars have stabilized and is now doing much better. His weight also has improved. His loose stools continue for 5 times per day. His feeding. 6 feeds per day of 125 mL Neocate each.

Review of systems is otherwise unchanged.

PHYSICAL EXAMINATION: [redacted] is well-appearing. He continues to be hypotonic. His height is 68 cm however it was difficult to measure at today's visit. His weight was 7.8 kg up from 6.6 kg in July. The head circumference was 44 cm. The blood pressure is 72/52 mmHg, heart rate is 129 per minute regular. Head/ENT examination was unchanged. Thyroid was not enlarged. Chest was clear to auscultation bilaterally. CVS: Regular rate rhythm without murmurs. Abdomen is soft. No hepatosplenomegaly.

IMPRESSION: [redacted] with profound hypotonia and complicated medical history. He has Dumping syndrome. His sugars are now in the normal range on his current dose of acarbose 1 tablet with every feed. He is also gaining weight. Recommend to continue with the acarbose at the
current dose and encouraged her to keep the appointments with the other physicians as scheduled and return to clinic in 3-4 months.

Electronically signed

Sumana Narasimhan, M.D.
Pediatric Endocrinology/Metabolism
(216) 844-3661

[redacted]

CONFIDENTIAL